

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION**

EMMA KOE et al.,

Plaintiffs,

v.

CAYLEE NOGGLE et al.,

Defendants.

Civil Action No. 1:23-cv-02904-SEG

DECLARATION OF ROBERT ROE

I, Robert Roe,¹ declare as follows:

1. I am over the age of 18 years and am not a party to this action. I have actual knowledge of the following facts and, if called upon to testify to them, could and would do so competently. I am submitting this Declaration in support of Defendants' opposition to Plaintiffs' Motion for a Preliminary Injunction.
2. I am an Alabama resident and the father of a son who said he was gender dysphoric, socially transitioned at school without my or my wife's knowledge, and was referred for "gender transition" medical treatments.
3. Georgia's law prohibiting "(1) Sex reassignment surgeries, or any other surgical procedures, that are performed for the purpose of altering primary or secondary sexual characteristics; or (2) Hormone replacement therapies" for minors as treatment for gender dysphoria, Ga. Code Ann. § 31-7-3.5, will protect vulnerable children from providers and third parties secretly interfering in their medical care decisions like I experienced.
4. My son, J, was diagnosed with ADHD and anxiety. He never expressed any distress about his sex until middle school. During that time, J spent a lot of

¹ Declarant is submitting this Declaration using a pseudonym to protect the privacy of his children and other family members.

time online and was interested in anime and role-playing games. He also became friends with a girl who identified as transgender.

5. Between 8th and 9th grade, J left a note for his mother stating that he was “transgender” and signed it “your daughter.” Later, J told his mother that he “felt more female than male.” J left me a similar note saying he had gender dysphoria for as long as he could remember.
6. During a therapy session, J said he started feeling that he was transgender in the 8th grade and that his “research” online confirmed his feelings. I learned that this “research” consisted of watching YouTube videos of internet trans influencers, and that he had self-diagnosed by answering online questionnaires.
7. In 9th grade, J’s public school facilitated J’s social transition to a female gender identity without my or my wife’s knowledge or consent. The school began calling J by a female name and referring to J by female pronouns. I learned, by accident, through communication with a teacher about an art project.
8. I believe that the school instituted its own therapy plan for J by interfering with his gender questioning. However, parents should agree on any therapy plans for minors before implementing them.
9. We took J to a therapist, who diagnosed him with OCD, anxiety, depression, and ADHD. The therapist did not do a psychological evaluation on J.
10. During a family therapy session, the therapist focused solely on gender dysphoria and did not mention J’s other comorbidities. The therapist printed out a handout from an advocacy group. The therapist said that kids have a sense of their gender identity by age 3 or 4. She tried to convince my wife and me to let J take the lead on the diagnosis and medical treatment.
11. After the third or fourth visit, the therapist recommended that we take J to a gender clinic to receive puberty blockers or cross-sex hormones. While J was present, the therapist told us that kids are more likely to attempt suicide and run away from home if their parents do not affirm their chosen identity.
12. We cut ties with the therapist and did not follow her recommendation. Afterward, I got tired of attempting to find a therapist to look at the big picture instead of focusing only on J’s gender issues. As many parents in my situation will say, “No therapy is better than bad therapy.”

13. J struggled with self-esteem, and I believe his comorbidities amplified this. It was not clear that medical intervention would solve his underlying issues. I thought the interventions were permanent changes with life-long consequences to J's body for a problem that a less invasive route could solve.
14. Today, J is 19 years old. He has never received puberty blockers or cross-sex hormones. While he still identifies as transgender, he maintains conventionally masculine mannerisms and features. J has not shown any interest in medical transitioning even though he is an adult and could get the hormones by going to any Planned Parenthood or local gender clinic.
15. I hope J lives as his biological sex until his prefrontal cortex fully develops. That way, he can develop into a healthy body before deciding to medically transition.
16. Banning medical or surgical gender transitions for children, such as provided in Georgia's Act, is necessary to regulate medical professionals' protocol and to prevent adolescents from harming themselves and their future.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on July 19, 2023.

/s/ Robert Roe

Robert Roe (pseudonym)